

**Recipient Committee
Campaign Statement**
(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

FILED			
Date Stamp			
CALIFORNIA FORM 460			
Page 1 of 9			
For Official Use Only			
Statement covers period from <u>10/22/00</u>	Date of election if applicable: (Month, Day, Year) <u>JUL 27 2001</u>	City of <u>SANTA MARIA</u> By <u>City Clerk</u>	
through <u>12/31/00</u>	<u>11/07/00</u>		

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 7.

Officeholder, Candidate
Controlled Committee
(Also Complete Part 4.)

Ballot Measure Committee

Primary Formed
 Controlled
 Sponsored
 Broad Based

(Also Complete Part 5.)

2. Type of Statement:

Pre-election Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain below)
Increased monetary contributions (Sched. A-cont.)
Increased unitemized increases to cash (Sched. I-#2)

3. Committee Information

COMMITTEE NAME

Alice Patino for City Council

Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2450 Professional Parkway Ste. 220

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)
2450 Professional Parkway Ste. 220

STATE CA

ZIP CODE 93455

AREA CODE/PHONE (805) 346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX/E-MAIL ADDRESS

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

CALIFORNIA 460
COVER PAGE - PART 2

Page <u>2</u> of <u>9</u>

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Santa Maria City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) **CITY** **STATE** **ZIP**

2450 Professional Parkway Ste. 220 Santa Maria CA 93455

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE	ZIP CODE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/19/01 DATE

By T. E. Patino
Signature of Treasurer or Assistant Treasurer

Executed on 7/19/01 DATE

By Alice M. Patino
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ DATE _____

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ DATE _____

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.	
NAME OF OFFICEHOLDER, CANDIDATE OR, PROPOSER	

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

6. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

Statement covers period	CALIFORNIA FORM
from <u>10/22/00</u> through <u>12/31/00</u>	Page <u>3</u> of <u>9</u>

I.D. NUMBER

1227669

Contributions Received

1. Monetary Contributions *Schedule A, Line 3* \$ 1,482.00
2. Loans Received *Schedule B, Line 7* \$ 0
3. **SUBTOTAL CASH CONTRIBUTIONS** *Add Lines 1 + 2* \$ 1,482.00
4. Nonmonetary Contributions *Schedule C, Line 3* \$ 0
5. **TOTAL CONTRIBUTIONS RECEIVED** *Add Lines 3 + 4* \$ 1,482.00

Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B* (TOTAL PREVIOUS PERIOD (SEE NOTE BELOW))	Column C (TOTAL TO DATE (COLUMNS A + B))
\$ <u>1,482.00</u>	\$ <u>0</u>	\$ <u>12,526.00</u>
\$ <u>1,482.00</u>	\$ <u>11,044.00</u>	\$ <u>12,526.00</u>
\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
\$ <u>1,482.00</u>	\$ <u>11,044.00</u>	\$ <u>12,526.00</u>

Expenditures Made

6. Payments Made *Schedule E, Line 4* \$ 7,817.93
7. Loans Made *Schedule H, Line 7* \$ 0
8. **SUBTOTAL CASH PAYMENTS** *Add Lines 6 + 7* \$ 7,817.93
9. Accrued Expenses (Unpaid Bills) *Schedule F, Line 3* \$ 0
10. Nonmonetary Adjustment *Schedule C, Line 3* \$ 0
11. **TOTAL EXPENDITURES MADE** *Add Lines 8 + 9 + 10* \$ 7,817.93

Current Cash Statement

12. Beginning Cash Balance *Previous Summary Page, Line 16* \$ 6,847.25
13. Cash Receipts *Column A, Line 3 above* \$ 1,482.00
14. Miscellaneous Increases to Cash *Schedule I, Line 4* \$ 1,694.07
15. Cash Payments *Column A, Line 8 above* \$ 7,817.93
16. **ENDING CASH BALANCE** *Add Lines 12 + 13 + 14, then subtract Line 15* \$ 2,205.39

If this is a termination statement, Line 16 must be zero.

17. **LOAN GUARANTEES RECEIVED** *Schedule B, Part 1, Column (b)* \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents *See Instructions on reverse* \$ 0
19. Outstanding Debts *Add Line 2 + Line 9 in Column C above* \$ 0

*From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

1/1 through 6/30

7/1 to Date

Contributions Received \$ _____

Expenditures Made \$ _____

Contributions Received \$ _____

Expenditures Made \$ _____

Contributions Received \$ _____

Expenditures Made \$ _____

Contributions Received \$ _____

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Contributions Received \$ _____

Expenditures Made \$ _____

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
in whole dollars.

SEE INSTRUCTIONS ON REVERSE

Alice Patino for City Council

Statement covers period	CALIFORNIA 460
from <u>10/22/00</u>	FORM
through <u>12/31/00</u>	Page <u>4</u> of <u>9</u>

Schedule A Summary

1. Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,100.00
2. Amount received this period – unitemized contributions of less than \$100 \$ 382.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1,482.00**

•Contributor Codes IND – Individual

COM - Recipient Committee
OTH - Other

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/22/00</u>	CALIFORNIA FORM 460
through <u>12/31/00</u>	Page <u>5</u> of <u>9</u>
	I.D. NUMBER <u>1227669</u>

NAME OF FILER		CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME (OF BUSINESS))	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)					
10/21/00	Jack C. Garvin Consulting 3501 Telephone Rd. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Self-employed consultant	100.00	100.00	
10/21/00	Burt Fugate P.O. Box 365 Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Self-employed property mgr.	200.00	200.00	
10/25/00	Joyce D. Engel 986 Briarcliff Dr. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
SUBTOTAL \$				400.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

OTH - Other

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alice Patino for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LIT campaign literature and mailings
MTG meetings and appearances

OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airline and production costs

RFD returned contributions
SAL campaign workers salaries
TEL t.v. or cable airline and production costs
TRC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Postmaster 301 E. Battles Santa Maria, CA 93454	POS		..	360.00
Postmaster 301 Battles Santa Maria, CA 93454	POS			234.00
Santa Maria Times PO Box 400 Santa Maria, CA 93456	PRT			763.04

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 7,694.54
2. Unitemized payments made this period of under \$100 \$ 123.39
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 7,817.93**

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alice Patino for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTR contribution (explain nonmonetary)*
CVC civic donations
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LIT campaign literature and mailings
MTG meetings and appearances

NAME AND ADDRESS OF PAYEE OR CREDITOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey/research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs

RFD returned contributions
SAL campaign workers salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from 10/22/00	to 12/31/00	Page <u>7</u> of <u>9</u>
		I.D. NUMBER 1227669

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ken Vertrees Printers 406 W. Main Street Santa Maria, CA 93458	LIT		195.95
Business Mailing Center 1000 Del Norte Oxnard, CA 93030	LIT		176.74
KCOY TV PO Box 711351 Santa Maria, CA 93456	TEL		357.00
Benedetti & Associates PO Box 5959 Santa Maria, CA 93456	PRO		250.00
KCOY TV PO Box 711351 Santa Maria, CA 93456	TEL		3,400.00
SUBTOTAL \$ 4,379.69			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alice Patino for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia
CNS campaign consultants
CTB contribution (explain nonmonetary)
CVC civic donations
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LIT campaign literature and mailings
MTG meetings and appearances

OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs

RFD returned contributions
SAL campaign workers salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

Type or print in ink.
Amounts may be rounded
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Statement covers period
from 10/22/00 through 12/31/00 Page 8 of 9
SCHEDULE E (CONT.)
CALIFORNIA FORM 460

I.D. NUMBER
1227669

NAME AND ADDRESS OF PAYEE OR CREDITOR (If committee, also enter I.D. number)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KUHL, Radio 716 E. Chapel Santa Maria, CA 93454	RAD		195.00
Postmaster 301 Battles Santa Maria, CA 93454	POS		220.65
Joyce Chrisman 923 N. East Ave. Santa Maria, CA 93454	OFC		147.16
Alice Patino 328 W. Agnes Santa Maria, CA 93454	PRT		1,395.00
			SUBTOTAL \$ 1,957.81

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Alice Patino for City Council

Schedule I Summary

Schedule C, Summary

1. Increases to cash of \$100 or more this period. \$ 1,682.67
2. Unitemized increases to cash under \$100 this period. \$ 11.40
3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).) \$ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the back of this page.) \$ 1,694.07

SUBTOTAL \$ 1,682.67